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WCB-ALBERTA

March 2004

# Worker Handbook

WORKER'S REPORT of INJURY FORM and  
GUIDE to WCB BENEFITS and SERVICES



**WCB**  
Workers'  
Compensation  
Board  

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Alberta

*Working for a safe, healthy, strong Alberta*

# Our commitment to fairness

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**W**e want to be known as an organization that is fair.

Every day, our work requires us to make tough decisions that impact our stakeholders. Our stakeholders rely on our commitment to fairness when we make those decisions and we must deliver on that commitment. We will achieve it through clear decisions, consistent interpretation of policy, and by keeping customers informed about the decision-making process. Fairness is excellent customer service and is important to everyone who works at WCB.

The Workers' Compensation Board - Alberta is a not-for-profit mutual insurance corporation funded entirely by employers. We provide cost effective workplace liability and disability insurance to more than 1.4 million workers and 106,000 employers. Our vision, focus, and direction are a new way of thinking about how we do business. With a strong 80-year heritage as our foundation, we've made significant strides that position us for growth and change in the future.

- Strong financial management ensures benefit security for workers and low premiums for employers.
- We've improved customer satisfaction to the highest levels ever measured.
- Stakeholders are responding to our increased communications and efforts to align ourselves with their needs.

## OUR VISION

*Albertans working – a safe, healthy and strong Alberta.*

## OUR MISSION STATEMENT

*WCB-Alberta, working together with our partners, will significantly and measurably reduce the impact of workplace illness and injury on Albertans.*

# Our strategic direction

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We have **four key priorities** in our strategic plan to achieve our mission.

- **Return to Work**
- **Leveraging Prevention**
- **our Commitment to Fairness, and**
- **Financial Stability**

Measurements for these strategic themes are captured in the seven areas for measuring our success, under our new accountability framework. The accountability framework is the result of input from stakeholders, government and the WCB. To learn more, go to our website at [www.wcb.ab.ca](http://www.wcb.ab.ca) and look under *Corporate Plans and Reports*.

WCB-ALBERTA

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## What happens if you are injured at work?

# 1

### Tell Your Employer details of your injury

After receiving notice, your employer must report your accident to the WCB within 72 hours *if:*

- you need medical treatment other than first aid, or
- you cannot do your job beyond the day of accident.

# 2

### Tell Your Doctor you were injured at work

Your doctor must report your accident to the WCB within 48 hours.

# 3

### Tell the WCB *Send your Report of Injury form to the WCB right away!*

The form is included in this handbook.

### The WCB registers your claim and assigns it to an adjudicator

The adjudicator determines if your claim meets legislation and policy requirements. WCB will contact you, your doctor, or your employer if more information is required.

**Claim not accepted**

**Decision made by the WCB**

**Claim accepted**

The legislative and policy requirements were not met by the information collected. You will be advised of the reason by phone and in writing. You may submit more information or ask for an internal review and have the option to request a review of the decision within one year.

The legislative and policy requirements were met.

- Benefits and services may include:
- Wage loss replacement
  - Medical costs
  - Case management services
  - Return to work assistance

# What is workers' compensation and how does it work?

The workers' compensation system is a liability and disability insurance system designed to protect both workers and employers against the impact of work-related injuries.

Its design is simple: employers pay yearly premiums that reflect safety performance and the cost of claims. Workers receive compensation for wage loss, medical and, in some cases, vocational assistance while working towards their return to work. This cost-effective system brings stability and peace of mind to the workplace.

## The Workers' Compensation Act

The *Workers' Compensation Act* is the provincial legislation that regulates the WCB and is based on the Meredith Principle (1913). Employers agreed to fund the program and, in exchange, workers gave up the right to sue their employer for the impact of work-related injuries. Both parties benefit by working together towards a safe return to work.

## Features of workers' compensation

### No-fault coverage

Injured workers are eligible to receive benefits for work-related injuries regardless of who caused the incident.

### Collective liability

WCB operates like an insurance company by pooling risk. Employers throughout the province share the cost of compensating injured workers so individual employers do not have to bear the full cost of their workers' claims.

### Fair compensation for injured workers

Workers receive benefits based on the effect the work-related injury has on employment earnings.

**Today's employers pay for today's injuries**

Employers pay 100 per cent of the cost of the workers' compensation system through premiums that reflect the cost of claims in their industry and their individual accident experience. These premiums are sufficient to meet the current and future costs of accidents that occur during the year.

**Injury prevention and disability management**

Preventing injuries is the best way to protect workers and control workers' compensation costs. WCB is committed to working with stakeholders to promote workplace injury prevention and disability management.

**Benefit of doubt to worker**

Adjudicative decisions are made in favour of the injured worker where all evidence for and against is equally balanced.

## **What are my rights as an injured worker?**

WCB is committed to upholding the rights of workers and employers under the *Act*, and to helping workers and employers exercise these rights.

**Fairness and impartiality**

You have the right to a fair and impartial determination on any issue arising under the *Act*.

**Review of a decision**

You have the right to a review of any previous WCB decision.

**Questioning a decision**

You have the right to request a review of any adjudicative or assessment decision directly affecting your interests, within 12 months from the date of the decision.

**Presumption of honesty**

You are presumed honest unless shown to be otherwise.

**Courtesy and consideration**

You have the right to receive courteous and considerate treatment from all WCB staff.

**Access to information**

You have the right to examine all relevant documents when a decision directly affects your interests.

**Privacy and confidentiality**

You have the right to privacy and confidentiality. Information given to WCB will be used only for purposes allowed by the *Act*.

# Coverage

## How do I know if I am covered by the Workers' Compensation Act?

Employers and workers in most industries are covered by workers' compensation. However, some industries do not require coverage and are listed in the Regulations to the Workers' Compensation Act. If you're not sure, ask your employer if the business has workers' compensation insurance for its employees. You can also call one of the WCB offices listed on the back cover to find out if your employer should have coverage for you.

## Do I have to work full-time to be covered?

If you work in an industry that must have workers' compensation coverage, you are covered whether you are a full-time, part-time, temporary or casual worker.

## Do I need coverage if I am self-employed?

If you own a business or are a partner in a business with workers, or if you are the director of a corporation or society, you are not automatically eligible for workers' compensation benefits. However, you can receive the same compensation benefits injured workers receive if you purchase Personal Coverage.

## Is there a waiting period before my coverage begins?

No. If your employer is in an industry that must have workers' compensation coverage, you are covered as soon as you start your job.

## What pay does WCB use to figure out my compensation?

The WCB uses earnings information provided by you and your employer on the Report of Injury forms. If you are paid in cash, WCB needs proof of this pay to determine your compensation. If required, WCB will ask you to provide the earnings you report to the Canada Customs and Revenue Agency for a period prior to the time of your injury.

*“...workers' compensation is  
'no-fault guaranteed' insurance...”*

## What types of injuries should I report?

WCB covers work-related injuries or diseases that cause you to need medical aid or time away from work.

### You should report the following work-related injuries or diseases:

#### Traumatic injuries

These injuries happen suddenly, causing trauma to the body. Broken bones, severe cuts, and burns are some examples of traumatic injuries.

#### Injuries caused by repeated activities

These injuries include strains or sprains caused by doing the same activity over and over again. For example, an assembly line worker may develop tendonitis in the wrist as a result of job duties.

#### Occupational diseases

These diseases are caused by some condition at the worksite. For example, coal miners may develop black lung as a result of their jobs, or a nurse may become infected with HIV from a contaminated needle.

#### Re-injury and difficulties with an old work-related injury

Re-injury occurs when you hurt an old workplace injury during work. If you have a recurrence or trouble working because of an old work-related injury, call WCB to find out if you should file a new claim or report the injury as part of your old claim.

## Are there any conditions or situations that may affect my coverage?

If you believe your injury is work related, it should always be reported. WCB reviews claims on a case-by-case basis to determine whether the reported injuries are covered. Benefits cannot be paid if the injury is not work related.

### Some conditions or situations that are not considered work related include:

#### Pre-existing or unrelated health problems

You may have certain health problems that are not related to your work. Diabetes, arthritis, old sports injuries, and spinal scoliosis are some examples of these conditions. However, if you are injured and the injury temporarily makes the condition worse, you may be eligible for benefits for a reasonable time while you recover.

#### Travelling to and from work

Generally, if you are in an accident while travelling on your regular trip to and from work, workers' compensation does not cover you. Some exceptions apply. WCB reviews each case individually.

## Will I receive compensation benefits if the injury was my fault?

Yes. Workers are eligible for benefits for work-related injuries regardless of who is at fault. However, if your injury is caused by your own serious and wilful misconduct, you may not be eligible for benefits.

## If I am covered by workers' compensation insurance, can I sue the person or company responsible for my injury?

No, not if they are also covered by workers' compensation. However, if your injury was caused by a company or person *not* covered by the Act (a third party), WCB stands in your place and may take legal action against the third party. A representative of the Legal Services department will contact you if it appears a legal action is warranted. If you do not hear from a representative, or have any questions regarding the Third Party Program, please call WCB's Legal Services department at 780-498-8660.

## Can my employer and I agree not to report my injury to the WCB?

No. You and your employer are required by law to report your work-related injury to WCB. Your employer can be fined if it is not reported and your failure to report your claim in a timely manner may result in denial of compensation benefits.

## What happens after I file a claim?

WCB checks whether you are covered by workers' compensation. If you are covered, WCB determines the seriousness of your injury and may accept it as:

**a) a no time-lost (NTL) claim, when:**

- you have not lost time from work, and
- you do not have a permanent disability.

If your claim is a no time-lost claim, WCB pays for treatments or supplies that you will need as a result of your work-related injury, and sends you and your employer letters informing you of the benefits you will receive.

**b) a time-lost (TL) claim, when:**

- you cannot do your job beyond the day of your injury.

Time-lost claims are given to an adjudicator who will decide whether your claim meets legislative and policy requirements. If you are eligible, the adjudicator sets your compensation rate and issues your benefits every two weeks until you return to work. The adjudicator will discuss modified work with you and your employer and will inform you and your employer about your benefits by letter.

If you are off work, or expect to be off work for an extended period, your claim will be transferred to a case manager. The case manager will contact you, your employer, and health care provider to develop a return-to-work plan and then coordinate your benefits and services in support of that plan.

## When can I expect to hear from the WCB?

If your claim is registered with all of the required information, you can expect to receive a letter from WCB within seven working days.

## How can I get or give general information about my claim?

You can call the Customer Contact Centre to find out if your claim has been accepted, to check the status of your payment, or to provide medical updates.

## What happens if my injury is not reported?

WCB has no record of your claim. You have a maximum of two years to report the claim.

## What are my responsibilities after I file a claim?

### If you need ongoing medical treatments:

- Keep your appointments with your health care providers (physicians, physical therapists, chiropractors, etc.).
- Ask your health care providers to send reports to the WCB.
- Follow the treatment plans developed by your health care providers.
- Talk to your physician about your progress so you understand when you can return to work. Inform your adjudicator or case manager of any changes in your medical recovery.
- Talk to your employer regularly about your progress. Ask about a possible return-to-work date and whether suitable work can be found for you. Modified work is a positive and safe way to return to work.
- Have regular contact with your adjudicator or case manager.
- Tell your adjudicator or case manager when your doctor tells you that you are fit to return to work. If you do return to work early, make sure you understand and follow any work restrictions so your re-employment is safe for both you and others.
- Advise WCB if you stop working or need to change your duties because of your injury.
- Use your claim number when you write letters or call WCB.
- Work closely with your case manager and employer to create a good return-to-work plan.

## What are my employer's responsibilities when I am injured?

- Report your injury to WCB within 72 hours of being notified and give you a copy of the report.
- Provide or pay the cost of immediate transportation from the injury site to a medical treatment facility.
- Keep accurate first aid records and give you a copy of the accident record.
- Have the WCB Worker's Report of Injury form available for you.
- Pay your regular salary for the day the injury occurred. Workers' compensation benefits begin the day after you are injured on the job.

### It's recommended that your employer:

- Work with you, your health care providers, and WCB to develop an effective return-to-work plan.
- Maintain regular contact with you and WCB.

## What are my health care providers' responsibilities?

- Send their reports to WCB within two working days of the treatment date.
- Help you understand what is wrong and what can be done to assist your recovery.
- Work together with you, your other health care providers, and WCB to develop an effective return-to-work plan.

# Compensation benefits

**W**CB reviews each claim individually. Your adjudicator or case manager considers the seriousness of your injury and applies the *Workers' Compensation Act* and WCB policies to determine the benefits and services you will receive.

## What compensation benefits may I be entitled to?

### Wage replacement

Money is paid to replace or compensate for your lost income. You are paid 90 per cent of your net wages, up to a maximum amount, set yearly by WCB's Board of Directors. This means WCB calculates your usual wages, less an amount for income tax, CPP, and Employment Insurance contributions, up to the yearly maximum amount. WCB does not pay for union dues, Alberta Health Care, or any deductions you normally pay. Wage replacement is paid only while you are totally disabled by the work injury or illness.

If you had a second job when you were injured, and your injury prevents you from doing the second job, WCB will also consider those earnings when setting your compensation rate.

2004 Wage Replacement Benefits	
Gross Earnings <small>(before taxes/deductions – after expenses if self-employed)</small>	Approximate Monthly Compensation Rate
\$18,600 . . . . .	\$1163.65
\$20,000 . . . . .	\$1235.87
\$25,000 . . . . .	\$1493.81
\$30,000 . . . . .	\$1751.74
\$35,000 . . . . .	\$1997.02
\$40,000 . . . . .	\$2233.90
\$45,000 . . . . .	\$2488.90
\$50,000 . . . . .	\$2743.90
\$55,000 . . . . .	\$2998.90
\$61,200 . . . . .	\$3315.10

## What compensation benefits may I be entitled to? (cont'd)

Depending on your circumstances, you may be eligible for additional benefits as a result of your injury. Please check with your case manager to find out if you are eligible for:

- Hospital expenses
- Prescription medication costs
- Eyeglasses or dentures
- Clothing, if damaged by the accident
- Medical or dental examinations, X-rays, and tests
- Artificial limbs, braces, crutches, canes, hearing aids, and other aids
- Orthotic alteration of footwear
- Medical travel (under some circumstances)
- Vocational rehabilitation services
- Lump sum payment for permanent disability or impairment
- Allowances for self-care and home maintenance

### Remember:

We may need more information from you to decide which benefits you can receive, so it's a good idea to keep track of information related to your claim.

#### *Keep a record of:*

- The names of health care providers
- Medications
- Health care appointments
- Health care treatments
- Expenses related to your claim
- Time lost from work

#### *Keep copies of:*

- Receipts for expenses related to your claim (original receipts are needed to reimburse you for costs related to your workplace injury)
- Doctors' notes
- Information you send the WCB

## When do compensation benefits start?

Workers' compensation benefits start the next working day after you are injured. Your employer must pay you for the entire day the injury happened. If all the information on the forms is complete, then WCB can make a timely decision on compensation benefits.

You should receive your first wage loss benefit cheque from WCB within 14 days of WCB registering your new claim.

## How are compensation benefits paid?

Usually, WCB pays compensation benefits directly to you. However, your employer can agree with WCB to continue paying your wages when you are injured. In return, WCB sends your benefit cheques to your employer to reimburse your employer for the money they pay you. WCB will send you a letter telling you your claim has been accepted.

## Do I pay income tax on workers' compensation benefits?

No. Compensation benefits are not taxable. However, you must report your workers' compensation benefits to Canada Customs and Revenue Agency. WCB sends you a T5007 at the end of January for your tax claim for the previous year.

## Are compensation benefits protected from inflation?

Yes. Every year WCB reviews workers' benefits and decides whether or not a cost of living increase should be applied.

## May I leave the province for a short time while I receive compensation benefits?

You may leave the province for a short time if your doctor and your WCB adjudicator or case manager give you permission to travel. Your trip cannot delay your recovery.

## What if I move out of province while I am receiving Alberta workers' compensation benefits?

If you move out of Alberta, your wage replacement benefits will not change unless the move delays your recovery and return to work.

## How long do the benefits continue?

You will be paid wage replacement benefits as long as medical evidence shows you are unable to return to work due to your injury.

## What expenses are covered when a workplace injury or occupational disease is fatal?

In cases of a work fatality, WCB will help pay costs such as expenses for burial, cremation, memorial services, and reasonable costs to transport the deceased. The WCB will also pay compensation benefits to the spouse, partner, or dependants.

# Return to work

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## Who decides when I should return to work?

Your doctor and other health care providers send progress reports to your adjudicator or case manager. The adjudicator or case manager uses these reports, and other information they may request, to discuss with you and your employer when you are fit to work. Your adjudicator or case manager will confirm your return-to-work date.

## What happens if I can't return to the job I had before my injury/illness?

If you have temporary restrictions, your case manager will discuss with your employer the possibility of modified work. Modified work promotes an early and gradual return to your pre-accident employment.

If medical information suggests you are unlikely to return to your occupation, your case manager will help you assess your job future with your employer. Following the assessment, your case manager may also discuss with you a change of occupation.

## Does my employer have to hold my job until I am fit to return to work?

Although your employer may not be required to hold your job, we encourage employers to do so. We will work with you, your employer, and health care providers to develop a return-to-work plan.

## What happens to my benefits if I return to a different job?

Depending on the type of work you return to, WCB will reduce or stop your benefits.

## What if I find it difficult to return to work because of my injury?

Your case manager will review your claim to decide what return-to-work services assistance you are eligible for. These services may include: job search programs, training on the job, counselling, and academic or technical training, among other options.

## Will the WCB find me a job?

No. We will provide you with fair compensation and services to help you become fit to return to some type of employment.

## What happens if I am considered medically fit to return to the same type of job I had when I was hurt, but I cannot find work?

If you cannot return to work because of a poor job market or another reason not related to your injury, your workers' compensation benefits may not cover you. If this happens, you may need to apply for another type of insurance coverage such as federal Employment Insurance.

## What happens to the personal information the WCB collects about me?

The *Workers' Compensation Act* gives WCB the authority to collect relevant personal information from you and other sources.

This information is placed in your file to help determine the benefits and services you may be entitled to receive. Information related to your claim costs is also used to help determine the premiums employers pay.

Your personal information is protected under the *Workers' Compensation Act* and the *Freedom of Information and Protection of Privacy (FOIP) Act*. However, WCB is allowed to share some general personal information with government departments or agencies such as Employment Insurance or Human Resources and Employment.

## Is survey information I provide confidential?

Yes. To help WCB improve services, we hire an independent research company to survey a sample of injured workers when their claims end. The research company may contact you to take part in the survey. The research company does not tell us who has been contacted and no names are attached to any of the survey responses.

## Can I get a copy of my claim file?

Yes. You can receive one free copy of your file for the purpose of review or appeal. Simply call the Customer Contact Centre (phone numbers are on the back cover of this handbook).

### Your file should include:

- All documents used to determine your workers' compensation benefits.
- Computer system notes outlining communication between you and WCB employees who may be involved in the management of your claim.

A copy of your rate screen and detailed cost report is also available upon request.

If you received services from Millard Health or the Office of the Appeals Advisor, you can request a free copy of your file by phoning their offices directly (see the back cover for contact information).

All other records that contain your personal information, such as from Legal Services or Government Relations, are available under the *Freedom of Information and Protection of Privacy (FOIP) Act*.

**Write to:**      **FOIP Office**  
P.O. Box 2415  
Edmonton AB T5J 2S5  
Phone: 780-498-4948 or 780-498-4958.  
Fax: 780-498-7876.

There may be a photocopying charge for records provided through the *FOIP Act*.

## Can I have someone help me with my claim?

Yes. You can have a friend, family member, interpreter, injured worker representative, labour union advocate, lawyer, or appeals advisor help you with your claim. To give any of these people access to your file, you need to fill out and send in the *Worker's Information Release* form in this handbook. WCB will not release information to any of these people by phone or in writing without your written permission.

## Does my employer have access to my claim file?

Yes. You and your employer both have an interest in your claim with similar rights to receive fair and equal treatment. Like you, your employer can hire an employer's advocate or a lawyer, and they can get one copy of your claim file from WCB to assist in the review process. You will be advised if your employer requests a copy of your claim file. NOTE: Your employer may not receive all information on your file, only those documents relevant to determining benefits.

# Protecting you and the system

Though the vast majority of stakeholders and service providers are honest, past experience has shown that some people are dishonest in their dealings with WCB. Those who choose to intentionally abuse the system face the possibility of criminal and civil proceedings, as well as fines.

Legislative changes and additions to the Workers' Compensation Act became effective Jan. 1, 2003. WCB spent 2003 talking with stakeholders about the rollout of fines and penalties for compliance issues, before making changes to the existing penalties program, Jan. 1, 2004. All instances of fraud continue to be pursued as they were before.

A complete list of the legislative changes and new authority options is available on our website, under the *Policy & Legislation* tab.

## What workers can do to help prevent system abuse:

- Know your rights.
- Ask your employer if the business has workers' compensation insurance for its employees.
- If you're injured at work, tell your employer what happened.
- Fill out the Worker's Report of Injury and send it to WCB.
- If your employer tries to persuade or intimidate you not to file a claim, call WCB.
- If workers' compensation premiums are being deducted from your pay cheque, report it to WCB.
- Keep your case manager informed of your medical treatment.
- Work with your case manager, and your employer to develop a return-to-work plan.

# Questioning a decision on your claim

If you wish to review a WCB decision on your claim, we have a collaborative review process. This section will explain the steps you can take to have a decision reviewed.

## What if I disagree with a decision on my claim?

If you do not understand or agree with a decision on your claim, contact the adjudicator or case manager who made the decision and ask for a full explanation. Or, provide them with additional information that may help to change the decision.

## What more can I do to find a resolution?

If you have already talked to your case manager or adjudicator, and you still have concerns, you may ask for a review of the decision. To start your request you may:

- Download and complete a *Request for Review (G040)* from our website at <http://www.wcb.ab.ca/pdfs/G040.pdf>, or
- Simply call our Customer Contact Centre at **1-866-922-9221 (498-3999 in Edmonton)**. The representative will register your request and send you a *Request for Review (G-040)* form.

The G-040 is required to complete your request and must be sent to the WCB within one year from the date of the letter containing the original decision. Mail it to PO BOX 2415, EDMONTON, AB T5J 2S5, or fax it to 1-800-661-1993 (427-5863 in Edmonton).

When the form is received, a Customer Service supervisor will be included in the effort to find a resolution. (Throughout the review, you will be contacted to take part in the process to determine whether your concerns can be resolved.) This joint problem solving is often an answer to most issues, but if you continue to have concerns your request will be forwarded to the Decision Review Body (DRB).

Once a review specialist from the DRB receives your request they will contact you to discuss the decision. They will also advise you on the best way to handle the request and next steps. If the review results are not satisfactory, the next step is to contact the Appeals Commission within one year from the date the DRB decision was made. The Appeals Commission is independent from the WCB and can be reached at 780-412-8700.

## Can I have someone else assist/represent me?

At any time, you can receive help with an appeal by contacting the Office of the Appeals Advisor at 780-498-8640. They can inform you about the appeals processes and can act as your representative throughout these processes. There is no charge for their services.

You may also have a friend, relative, injured worker representative, labour union advocate, or lawyer act as your representative. To give the WCB permission to deal with your representative you must complete and send in the *Workers' Information Release* form in this booklet.

It is in your best interest to make sure your representative understands the *Workers' Compensation Act* and WCB's policies, and has training specific to this type of work.

## Can my employer request a review of a decision on my claim?

Yes. You both have an interest in your claim and therefore have equal rights. Your employer, or their representative, can also obtain a copy of your claim file and will be able to participate in your review or appeal when issues could affect them directly. In fairness, if your employer does ask for a review of your claim, you will be notified and allowed to attend meetings involving your interests.

## The following pages contain these FORMS:

### 1. Worker's Report Of Injury Or Occupational Disease

- you must fill out this form and return it to WCB  
*See instructions on the following two pages*

### 2. Automobile Accident Report

- if your injury was sustained in an automobile accident, fill out this form along with the *Worker's Report*.

- If you want someone else to act as your representative and help you get information about your claim, fill out this report.

*This form gives the WCB permission to give personal information to the person or company (your representative) you want to deal with your claim.*

# How to fill out your Injury Report

**T**hese instructions can help you complete the *Worker's Report of Injury or Occupational Disease* form located on the pages that follow.

The numbers refer to question numbers on the form.

## 1 Date and time of injury

If your injury developed over a period of time, indicate either the date of first medical treatment or the date you first reported it to your employer and check the box at the right. On the next line, give your start and end times on the day of the accident.

## 4 Location of accident

Provide a street address, if possible. Otherwise, indicate the location, such as 25 km east of Edmonton on Highway 16, an oilrig site, etc. If it is a motor vehicle accident, include the direction of travel. Check the appropriate box at the right to indicate whether the injury happened in Alberta.

## 7 Type of injury

Tell us about your injury in your own words. When your doctor sends in your medical report we will confirm your injury.

## 8 Describe fully what happened to cause the injury

If a repetitive strain injury, include your typical actions and how often you repeat them on the job – twisting, typing, pushing and pulling. If any lifting, indicate the weight.

### Example:

*I walked into our walk-in cooler to get a 50 lb. sack of potatoes. I bent down, picked up the sack, and turned to my right to leave. I felt a pull in my lower back and dropped the potatoes on my right foot. As a result, I injured my back and my right foot.*

## 12 Type of Employment

*Check one box in A or B or C.*

- Check A if you work 12 months per year with the same employer.
- Check B if you work only part of the year.
- Check C if you are self-employed, are a sub-contractor or do piecework.

*If you are reporting one of the following injuries please complete the Worker's Report of Injury form and call our Customer Contact Centre. Please see the back cover for contact numbers.*

### REPETITIVE STRAIN INJURY:

For example, an assembly line worker developed tendonitis in the right wrist as a result of job duties. Describe fully what job duties are done each day. Include the amount of time spent at each task.

### OCCUPATIONAL DISEASE:

Describe hearing loss, respiratory problems caused by prolonged exposure to gas, chemicals, loud noises, etc.

### MOTOR VEHICLE ACCIDENT:

Complete the Motor Vehicle Accident Report in this booklet and send in with your Worker's Report of Injury. Send us a copy of the police report when available.

## Wage Information

### 13 b) Additional taxable benefits:

#### *Shift premiums*

Complete if you get paid in addition to your regular rate of pay (example: 50¢ paid per hour for night shift). If you get more than one shift premium (i.e., night premium, weekend premium), complete both shift premium boxes. Attach a list if you have three or more shift premiums.

#### *Regular overtime*

Complete only if you work the same number of hours overtime each week, month or shift cycle.

### c) Second job

Provide a contact name and telephone number for a second job. If this injury causes you to miss earnings from that job, the WCB will consider these earnings when your compensation rate is set. Your second employer may be contacted.

**Note:** If you do not know your hours of work and wage information, you can get them from your employer.

## Hours of Work

### 14 a) Number of hours

Indicate your regular hours of work. Do not include overtime here.

**\*Example:** You worked eight-hour days in the first week and eight-hour nights in the second and third weeks. You were injured on the Wednesday of the second week and were off work for two days (Thursday and Friday). You would be paid WCB benefits for two days.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Hours per day:	8D	8D	8D	8D	O	O	O
Hours per day:	8N	8N	(8N)	8N	8N	8N	O
Hours per day:	8N	8N	8N	8N	8N	O	O

*Important: Circle the day in the work schedule you were injured.*

D = day • N = night • O = off

### b) Does your work schedule repeat?

#### If yes:

Mark the number of hours you worked per day in each of the boxes. Put zero for days off.

Please explain any codes you use in the boxes (for example, N=night, W=weekends, D=days, E=evenings, etc.)

We need to know at what point in this work schedule you were injured to determine the compensation to pay you. Circle the day on this work schedule that you were injured.

#### If no:

Report the average number of hours worked per week during the year prior to the injury. Do NOT complete the work schedule.

#### Or:

If you have a work schedule longer than 21 calendar days, attach a copy of your schedule or describe your work schedule on a separate piece of paper. Circle the day on this work schedule that you were injured.

## To report an injury

*Fax to:*

**780-427-5863**

(Edmonton)

or **1-800-661-1993**

*or Mail to:*

**WCB**

**P.O. Box 2415**

**Edmonton, AB T5J 2S5**

*If you fax your report, do not send another copy by mail.*

## Any questions?

**Edmonton:** **780-498-3999**

**Calgary:** **403-517-6000**

**Toll Free:** **1-866-WCB-WCB1 (922-9221)**

*For more information on the WCB see our website at*

**www.wcb.ab.ca**



**Workers'  
Compensation  
Board**

Alberta

P.O. BOX 2415  
EDMONTON AB  
T5J 2S5

**Phone 780-498-3999** (in Edmonton)  
**1-866-WCB-WCB1 (922-9221)** (toll free in Alberta)  
**Fax (780) 427-5863 or 1-800-661-1993**

# **WORKER'S REPORT** of Injury or Occupational Disease

Claim Number

## **Worker Information**

Will you be off work past the day of injury?  Yes  No

Last Name	First Name	Initial
Apt#	Address	Social Insurance #
City	Province	Prov. Health Care #
Postal Code	Home Telephone	Date of Birth (Year / Month / Day) Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Occupation and Job Title at time of injury		Self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, account #		

## **Employer Information**

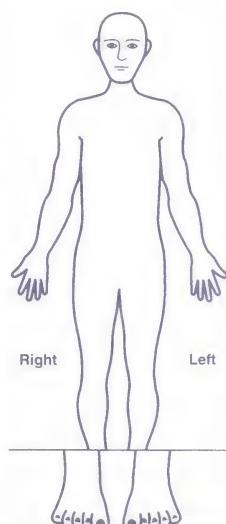
Employer Name or Government Dept.			
Address	Fax		
City	Province	Postal Code	Telephone

## **Injury or Occupational Disease Information**

<b>1</b> Date and time of injury (Year / Month / Day)	Time	<input type="checkbox"/> am <input type="checkbox"/> pm	OR Did this condition develop over a period of time?	<input type="checkbox"/>	
Hours of employment on the day of accident: From		To			
<b>2</b> When did you report the injury to your employer? (Year / Month / Day)	Supervisor's Name				
<b>3</b> To whom did you report the injury? Name	Title		Telephone		
If not reported immediately, give the reason.					
<b>4</b> Did the injury occur on your employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the injury occur in Alberta? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Location where accident happened (address or general location.)					
<b>5</b> Was the work you were doing for the purpose of your employer's business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was it part of your usual work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>6</b> What part of your body was injured? (hand, eye, back, lungs, etc.)	<input type="checkbox"/> Left side <input type="checkbox"/> Right side				
<b>7</b> What type of injury is this? (sprain, strain, bruise, etc.)					
<b>8</b> Describe fully what happened to cause this injury or disease. Describe what you were doing and include any tools, equipment, materials, etc. you were using. State any gas, chemicals or extreme temperatures you have been exposed to.					

If you have any other information or a list of witnesses, attach a letter. Letter attached?  Yes

If your injury is the result of a motor vehicle accident complete the Motor Vehicle Accident Report (L-054).



*Complete all three pages and sign the form before sending.*



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*Please fill in your NAME, SOCIAL INSURANCE NUMBER  
and DATE OF BIRTH at the top of each page of the form in  
case the pages get separated.*

*Remember to complete all three pages  
and sign the form before sending.*

Your Last Name	First Name		Initial
Social Insurance #	Date of Birth		(Year / Month / Day)
<b>9</b> Have you had a similar injury before? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, attach a letter with details.			
<b>10</b> Have you reported or claimed this injury to another WCB? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, which Province or Territory?			
Name and address of treating Doctor/Hospital			
<b>Lost Time / Return to Work Information</b>			
<b>11</b> a. Date and time you first missed work	(Year / Month / Day)	Hour	<input type="checkbox"/> am <input type="checkbox"/> pm
b. If you have returned to work, indicate the date	(Year / Month / Day)	and time	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> regular work or <input type="checkbox"/> modified work
c. If you have not returned to work give the expected return to work date	(Year / Month / Day)	d. Date you were hired	(Year / Month / Day)
e. Is there any other work you can do until you are medically fit to return to your regular job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who can we call?	Telephone		
f. Will your employer pay you for the time you missed work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provide the exact gross amount \$ _____ per _____
<b>Type of Employment</b> FILL IN A OR B OR C			
<b>12</b> A	<input type="checkbox"/> Permanent full time	<input type="checkbox"/> Permanent part time	
B	<input type="checkbox"/> Seasonal work	<input type="checkbox"/> Summer student	<input type="checkbox"/> Irregular / casual <input type="checkbox"/> Temporary
Had this injury not happened, what would have been your last day of employment? <input type="checkbox"/> Estimated or <input type="checkbox"/> Actual (Year / Month / Day)			
With this employer how many months per year would this job last?			
Did you have any other earnings or income from any other employers during the last 12 months? <input type="checkbox"/> Yes • Please attach copies of pay stubs and/or T4 slips			
<b>C</b>	<input type="checkbox"/> Sub Contractor	<input type="checkbox"/> Piece work	<input type="checkbox"/> Vehicle Owner/Operator <input type="checkbox"/> Welder Owner/Operator <input type="checkbox"/> Apprentice
<input type="checkbox"/> Other or Self Employment – Explain			
Note: If you checked any box in 12C, please submit a detailed income and expense statement for the year prior to your date of accident.			
<b>Wage Information</b>			
<b>13</b> a. Your rate of pay \$ _____	<input type="checkbox"/> hourly	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> other
b. Additional taxable benefits			
Vacation / Stat holiday Pay	<input type="checkbox"/> %	→ <input type="checkbox"/> Taken as time off with pay	<input type="checkbox"/> Paid on regular basis
Shift Premium #1	<input type="checkbox"/> Amount	→ <input type="checkbox"/> Paid per	
Shift Premium #2	<input type="checkbox"/> Amount	→ <input type="checkbox"/> Paid per	
Regular Overtime	<input type="checkbox"/> Rate	→ Number of hours per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> shift cycle	
Other	<input type="checkbox"/> Explain	→ Amount per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> shift cycle	
c. Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes – Employer's Name			Telephone _____
(Second employer may be contacted.)			
d. Did you miss time from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide earning information and time missed details:			



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*Please fill in your NAME, SOCIAL INSURANCE NUMBER  
and DATE OF BIRTH at the top of each page of the form in  
case the pages get separated.*



*Remember to complete all three pages  
and sign the form before sending.*

Your Last Name	First Name			Initial				
Social Insurance #	Date of Birth			(Year / Month / Day)				
<b>Hours of Work</b>								
<b>14 a.</b> Number of hours <input type="text"/> per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> shift cycle <input type="checkbox"/> other								
<b>b.</b> Does the work schedule repeat? <input type="checkbox"/> Yes → Mark hours worked for one complete work schedule (use zero for days off)								
<input type="checkbox"/> No → Report average hours worked per week <input type="text"/>	Hrs per day	Sun	Mon	Tues	Wed	Thur	Fri	Sat
	<input type="text"/>							
	<input type="text"/>							
<b>c.</b> Date shift cycle commenced (Year / Month / Day)	Hrs per day	<input type="text"/>						
<b>OR</b> if your schedule is more than 21 days, attach a copy of the schedule. Circle the day the injury occurred on this schedule.								

**IMPORTANT**  
Circle day of injury.  
See instructions

### Declaration and Consent

I declare that the information in my 'Worker's Report of Injury or Occupational Disease' to the Workers' Compensation Board (WCB) is true and correct. I understand that:

- If I am collecting any benefits, it is my obligation to inform the WCB immediately if I return to work of any kind, become capable of working or if there is any other change in my employment status. Work includes but is not limited to any activity in which labour or services are provided, whether or not payment of any kind is received.
- Criminal prosecution may result from any attempt on my part to collect benefits by providing false information, failing to provide information regarding my ability to work, or other fraudulent means.
- My employer may request a review or appeal of any decisions made on my claim and may therefore examine my claim file. My claim file may also be examined by anyone with a direct interest, as determined by the WCB, or a person or company I have authorized to review my claim file. (To provide authorization, use the 'Worker's Information Release' form in this booklet).
- My social insurance number may be used for reporting to Canada Customs and Revenue Agency.

I consent to WCB collecting any information that it considers relevant to determine benefit entitlement, including information pre-dating my accident, from any source including physicians, other health care providers, employer(s) and vocational rehabilitation service providers. This information is collected to determine my entitlement to compensation under the *Workers' Compensation Act*.

(Year / Month / Day)

Date

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

**Signing the above consent enables the Workers' Compensation Board to process your claim.**

**NOTE:** The information required in the Worker's Report is collected under the authority of sections 32 and 36 of the *Workers' Compensation Act* for the purpose of determining entitlement to compensation and for determining employers' premium rates. Questions can be directed to the Customer Contact Centre as noted on the front of this form and on the back of the Worker Handbook. The information provided to the Workers' Compensation Board is protected by the provisions of the *Freedom of Information and Protection of Privacy Act*.



## **Automobile Accident Report**

*– if your injury was sustained in an automobile accident, fill out  
and send this form along with the Worker's Report.*

# AUTOMOBILE ACCIDENT REPORT

**Claim Number**

Worker's Surname		First Name		Initial	Date of Birth (Year / Month / Day)
Home Address	Street	City/Town		Province	Postal Code
Telephone Number (        )          -        )		Your Insurance Company and Policy Number			
Business Address	Street	City/Town		Province	Postal Code
Telephone Number (        )          -        )					
Make of Vehicle	Year	Model	Serial Number		License Number and Province
Describe Damage					Estimate of Damage
Name of Driver of Your Vehicle			Age	Driver's License Number	
Residence Address	Street	City/Town		Province	Postal Code
Business Telephone Number: (        )          -        )					
Date of Accident (Year / Month / Day)	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Were you wearing a seat belt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of Accident					
Purpose vehicle used for at time of accident			Weather Condition		Road Condition
Your Speed	Direction	Other's Speed		Direction	
Police Investigation by					Charges
Had you taken any alcoholic beverages or drugs prior to the accident <input type="checkbox"/> Yes <input type="checkbox"/> No					
Who was responsible for the accident – reason					
Owner of other vehicle			Owner of other vehicle		
Telephone Number (        )          -        )			Telephone Number (        )          -        )		
Address			Address		
Make of Vehicle		Year	Make of Vehicle		Year
Model	License Number and Province		Model	License Number and Province	
Name of Insurance Company		Policy number	Name of Insurance Company		Policy number
Description of Damage			Description of Damage		
Name of Driver	Telephone Number (        )          -        )		Name of Driver	Telephone Number (        )          -        )	
Address			Address		



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**Complete both pages and sign before sending.**

Worker's Surname

First Name

Initial

Claim Number

**Details of Accident**   **Witnesses**

Name	Name	Name
Address	Address	Address
Telephone Number (      )      -    -    -    -    -	Telephone Number (      )      -    -    -    -    -	Telephone Number (      )      -    -    -    -    -
In which Car? <input type="checkbox"/> Your Car <input type="checkbox"/> Other Car #1 <input type="checkbox"/> Other Car #2 <input type="checkbox"/> Other	In which Car? <input type="checkbox"/> Your Car <input type="checkbox"/> Other Car #1 <input type="checkbox"/> Other Car #2 <input type="checkbox"/> Other	In which Car? <input type="checkbox"/> Your Car <input type="checkbox"/> Other Car #1 <input type="checkbox"/> Other Car #2 <input type="checkbox"/> Other

**Description of Accident**

Illustrate position of cars at time of collision. Show skid marks.  
(If any street is more than two lanes or is one way only, please indicate.)

Indicate cars as follows:



Indicate Direction:



Show stop or slow signs

Label each street

**Check One:**I was       Driver of vehicle A       Passenger in vehicle A

Describe the accident in your own words (attach separate sheets if necessary.)

(Year / Month / Day)

Date

Signature



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# WORKER'S INFORMATION RELEASE

(OPTIONAL)

The WCB encourages you to work directly with your Adjudicator or Case Manager to address any questions or concerns. **If you want someone else to act as your representative and help you get information about your claim, please fill out this form.**

This form gives the WCB permission to give personal information to the person or company (your representative) you want to help deal with your claim.

This authorization will be effective until:

- you cancel in writing or by telephone.
- you tell us in writing that you have chosen a new representative.

If you want a representative to help you with more than one claim, you need to complete a *Worker's Information Release* form for each claim. It is important to have separate forms for each claim to make sure your privacy is protected.

Claim Number

Worker's Last Name

First Name

Initial

## Authorization of Representative

You may authorize one person or company to act as your representative. Complete section **A** if you want one person to represent you. Complete section **B** if you want to authorize a company to help you.

### Section A: Authorizing one person to act as your representative

I understand I may choose a family member, friend, interpreter, injured worker advocate, labour union advocate or lawyer to act as my representative.

Individual Representative's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

- I authorize the WCB to give my individual representative personal information from my claim verbally, in writing, and/or in person.
- I understand that under this authorization only the above person will have access to my claim.
- I understand the WCB will give my individual representative access to my file to help me review my claim and/or conduct an appeal.

### Section B: Authorizing a company to act as your representative

I understand I may authorize a company to act as my representative, which means the company can decide which of their employees can access my claim:

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

- I authorize the WCB to give information from my claim verbally, in writing, and/or in person to employees of the company I named above.
- I understand the WCB will give my representative company's employees access to personal information on my file to help me review my claim and/or to conduct an appeal.



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Complete both pages and sign before sending.

Worker's Last Name	First Name	Initial	Claim Number
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**Release of a Claim File**

You may have one copy of your claim file sent to you or your representative. Check box 1 OR 2 to tell the WCB how to release your claim file:

- 1       Please send me one copy of my claim file. I will take responsibility for giving my representative information from my file.

**OR**

- 2       I give the WCB permission to give my representative one copy of my claim file.



If the copy of the claim file that you or your representative receives contains records or documents about any other person, they must be returned to the WCB immediately.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_. .

Worker's Signature \_\_\_\_\_

## Notes

**Case Manager** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Claim Number** \_\_\_\_\_



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# How to reach us

If you need more information or have questions about the information in this handbook, please call the Edmonton or Calgary Customer Contact Centre number. You can call the WCB toll-free from anywhere in Alberta. Dial **1-866-WCB-WCB1 (922-9221)** and then dial the area code and the seven digit number of the office you wish to reach. Outside of Alberta call **1-800-661-9608**. Please have your WCB claim number ready when you call.

## *Customer Contact Centre – Edmonton*

<b>Edmonton</b> Box 2415 9912-107 Street Edmonton, AB T5J 2S5	Claims and Employer Inquiries <b>Phone:</b> (780) 498-3999 <b>Fax:</b> (780) 498-7999 <b>Hours:</b> 8 a.m. to 4:30 p.m., weekdays	Access to Information <b>Phone:</b> (780) 498-3999 <b>Fax:</b> (780) 498-7867
<b>Calgary</b> 300-6th Avenue, S.E. Calgary, AB T2G 0G5	Claims and Employer Inquiries <b>Phone:</b> (403) 517-6000 <b>Fax:</b> (403) 517-6201 <b>Hours:</b> 8 a.m. to 4:30 p.m., weekdays	Access to Information <b>Phone:</b> (403) 517-6000 <b>Fax:</b> (403) 517-6001

## *Millard Health*

131 Airport Road Edmonton, Alberta T5G 0W6	<b>Phone:</b> (780) 498-3200 <b>Fax:</b> (780) 498-3907 <b>Hours:</b> 7 a.m. to 5 p.m., Monday & Friday 7 a.m. to 7 p.m., Tuesday, Wednesday, Thursday
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## *Office of the Appeals Advisor on workers' compensation matters*

<b>Edmonton</b> Financial Building 5th floor, 10621-100 Avenue Edmonton, AB T5J 0B3	<b>Phone:</b> (780) 498-8640 <b>Fax:</b> (780) 498-7870 <b>Hours:</b> 8 a.m. to 4:30 p.m., weekdays
<b>Calgary</b> Braithwaite Boyle Centre 602-1701 Centre Street North Calgary, AB T2E 7Y2	<b>Phone:</b> (403) 517-6220 <b>Fax:</b> (403) 517-6221 <b>E-mail:</b> officeoftheappealsadvisor@wcb.ab.ca

## *Alberta Human Resources and Employment Appeals Commission*

<b>Edmonton</b> Energy Square 1101, 10109-106 Street Edmonton, AB T5J 3L7	<b>Phone:</b> (780) 412-8700 <b>Fax:</b> (780) 412-8701 <b>Hours:</b> 8 a.m. to 4 p.m., weekdays
<b>Calgary</b> Braithwaite Boyle Centre 403-1701 Centre Street North Calgary, AB T2E 7Y2	<b>Phone:</b> (403) 508-8800 <b>Fax:</b> (403) 508-8822 <b>Hours:</b> 8 a.m. to 4 p.m., weekdays

## *Community Liaison Representatives*

<b>Red Deer</b> Phone: (403) 341-8670	<b>Lethbridge</b> Phone: (403) 528-4624	<b>Grande Prairie</b> Phone: (780) 538-5409
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**Call us toll free at 1-866-WCB-WCB1 (922-9221)**  
**Visit our website at [www.wcb.ab.ca](http://www.wcb.ab.ca)**



**Workers'  
Compensation  
Board**  
Alberta

*Working for a safe, healthy, strong Alberta*